



County of San Diego

Department of Planning and Land Use: Zoning

DISCRETIONARY PROJECT APPLICATION

KIVA # _____

KIVA PROJECT # _____

Case Numbers	DPLU	DPW	DEH	PARKS	OTHER
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D	_____ F/D
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D	_____ F/D
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D	_____ F/D
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D	_____ F/D
ENV# _____	_____ F/D	_____ F/D			
F/D = Fee/Deposit	_____ + DPLU (F/D)	_____ + DPW (F/D)	_____ + DEH (F/D)	_____ = PARKS/OTHER(F/D)	_____ = TOTAL (F/D)

The submitted Initial Deposit is estimated to cover **only** the initial project review (Scoping). Additional monies will be required. A project-specific cost estimate will be provided at the conclusion of Scoping, along with a letter detailing any project issues, revisions, and studies as deemed necessary for compliance with State and County codes and ordinances.

Have you had a pre-application conference? YES ☐ NO ☐ If yes, Planner's Name: _____

Is this project the subject of a code violation? YES ☐ NO ☐ If yes, provide copy of Violation Notice.

Who is the Financially Responsible Party (see Form #126): Owner ☐ Applicant ☐ Engineer ☐ [Choose one]
(The Financially Responsible Party is responsible for all costs related to this application)

Owner Name _____ **Phone** (____) _____

Address _____

City _____ **State** _____ **Zip** _____

Owner's E-mail Address _____ **Owner's Fax Number** (____) _____

Owner Representatives:

Applicant Name _____ **Phone** (____) _____

(If different from owner.)

Address _____

City _____ **State** _____ **Zip** _____

Applicant's E-Mail Address _____ **Applicant's Fax Number** (____) _____

Engineer Name _____ **Phone** (____) _____

Address _____

City _____ **State** _____ **Zip** _____

Engineer's E-mail Address _____ **Engineer's Fax Number** (____) _____

Project Contact Person _____ **Phone** (____) _____

Address _____

City _____ **State** _____ **Zip** _____

Project Name _____

Project Address & Nearest Cross Street _____

Assessor's Parcel No _____

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

Signature of owner or Authorized Agent. If Agent signs, attach Letter of Authorization

Date

Print or type Signator's Name



FOR DEPARTMENT USE ONLY

For Administrative Permits and Use Permits

Describe use

	Existing	Proposed
General Plan Designation	_____	_____
Regional Category	_____	_____

ZONE		
USE REGULATIONS		
NEIGHBORHOOD REGULATIONS/Animal		
DEVELOPMENT REGULATIONS	Density	
	Lot Size	
	Building Type	
	Maximum Floor Area	
	Floor Area Ratio	
	Height	
	Lot Coverage	
	Setback	
	Open Space	
SPECIAL AREA REGULATIONS		

Thomas Bros. _____ Tax Rate Area _____

Total Acres _____ No. of lots _____

Planning Group _____ Supervisor District _____

Community Plan _____

Related Cases? ☐ YES ☐ NO If yes, list case number(s) _____

Linked Cases? ☐ YES ☐ NO If yes, list case number(s) _____

Is the project in a Specific Plan? ☐ YES ☐ NO If yes, name Plan _____

Is the project within 1/2 mile of a regional park? ☐ YES ☐ NO

Is the project within the adopted airport influence area? ☐ YES ☐ NO

Is the project within 1 mile of a highway? ☐ YES ☐ NO

Is the project within 1 mile of a city? ☐ ☐ If yes, name City _____

Is the project within a city sphere of influence? ☐ ☐ If yes, name City _____

Is the project proposed for septic ☐ or sewer? ☐

Is the project subject to the County Groundwater Ordinance? ☐ YES ☐ NO FP-2 ☐ YES ☐ NO

Is the project a violation case? ☐ ☐

Is a Military Installation Notice required? ☐ ☐

If the subject parcel was created through a PM or B/C, please verify that all Covenants of Improvement have been satisfied. If not, don't accept the application. ☐ ☐

Is there a different owner of mineral than the owner of real property? YES ☐ NO ☐ If yes, identify name and address _____

FOR PLANNER ASSIGNMENT, PLEASE CALL (858) 694-3292

Technician's comments: _____ *Technician Initials* _____ *Date* _____